			FCC Form Approved by OMB
Mobility	Fund §54.1009 Annual Reporting		OMB 3060-1185
	lection Form		Avg. Burden Estimate per Respondent: 18 Hours
Data Col	rection 1 of III		
<010>	Study Area Code	618322	
<015>	Study Area Name	GCI Communication Corp.	
<020>	Program Year	2015	
<030>	Contact Name: Person USAC should contact with questions about this data	Emily Thatcher	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9078685643 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	ethatcher@gci.com	
			(check box when complete)
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	N) <040>
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041> Form481GCICommunicationsCorp618322.pdf
	(0.4.2) Cita the Church Area Carda (CA.C.) for the Fa	404 as a satis s	(0.42)
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042> 619014
<050>	Carrier Contact Information	(complete attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	<u>Urban Rate Comparability Certification</u>	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	\odot \bigcirc
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications		
	404 8 11 0 1 0 110 11	lete attached certification)	<101>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

<102> Agent Certification

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

(complete attached certification)

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carı	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8	
<010>	Study Area Code		618322		
<010> <015>	Study Area Code Study Area Name		GCI Communication Corp.		
<020>	Program Year		2015		
<030>	Contact Name - Person USAC should contact regard	ing this data	Emily Thatcher		
<035>	Contact Telephone Number - Number of person ide		9078685643 ext.		
<039>	Contact Email Address - Email Address of person ide	entified in data line <030>	ethatcher@qci.com		
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder				
<110>	FCC Registration Number	0001568880			
<111>	Filing Carrier Name	GCI Communication C	orp		
<112>	Winning Bidder Carrier Name	GCI Communication C	orp		
<113>	Street Address (or PO Box)	2550 Denali St, Sui			
<114>	City	Anchorage			
<115>	State	AK			
<116>	Zip-Code				
<117>	Telephone Number	99503			
<118>	Fax Number	9078685643 ext.			
<119>	Email Address	9078689817			
11137	Liliali Address	ethatcher@gci.com			
<120> <121> <122> <122> <123> <124> <125> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Chris Nierman GCI Communication Co 1900 I. St NW Suite Washington DC 20036 2024578815 ext.			
120	Email Address	cnierman@gci.com			
Authorize <130> <131> <132>	d Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box)	<u> </u>			
<133>	City	_			
<134>	State				
<135>	Zip-Code				
<136>	Telephone Number				
	·				
<137>	Fax Number				
<138>	Email Address				

(060) Coverage and Performance Report		FCC Form 690
		Ap proved by OMB
		OMB Control No. 3060-1185
		Page 3 of 8
.040: 0.1	610222	

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year 01/2014 - 12/2014	

618322_CPRd_AK.zip

Coverage and Performace attachements

<141> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Total Certify that Road Road Road Miles per Miles Coverage and Resident Total Resident Miles Census Performance data covered Population is uploaded Resident Population Block per Newly Reached Reached by (Yes/no) Population per Census Newly Census State County Census Block Census Block by Service Service Block Reached Block -- \$ee attached worksheet

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. GCI Communication Corp. Name of Reporting Carrier: Date 06/30/2015 CERTIFIED ONLINE Signature of Authorized Officer: Lynda Tarbath Printed name of Authorized Officer: VP/CAO Title or position of Authorized Officer: 9078685638 ext. Telephone number of Authorized Officer: Filing Due Date for this form: 07/01/2015 618322 Study Area Code of Reporting Carrier: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
l certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting				
	he reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the			
authorized agent; and, to the best of my knowledge, the r	reports and data provided to the authorized agent is accurate.			
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer or Employee:	Date:			
Printed name of Authorized Officer or Employee:				
Title or position of Authorized Officer or Employee:				
Telephone number of Authorized Officer or Employee:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form ca	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am autho	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on
data provided by the reporting carrier; and, to the best of	knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		618322	
<015>	Study Area Code Study Area Name		GCI Communication Corp.	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding	this data	Emily Thatcher	
<035>	Contact Telephone Number - Number of person identifi		9078685643 ext.	
<039>	Contact Email Address - Email Address of person identif		ethatcher@qci.com	
<142> <143>	State	AK North Slope Borough Alaska		
<144> <145>	Tribal Land(s) on which ETC Serves Tribal Government Engagement Obligation	618322_TLRa5_AK.pdf Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; <147> Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; <148> <149> Compliance with Rights of way processes Compliance with Land Use permitting requirements <150> <151> Compliance with Facilities Siting rules <152> Compliance with Environmental Review processes Compliance with Cultural Preservation review processes <153> <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)
Yes

(090) Project	090) Project Update Information FCC Form 690			
			Approved by OMB	
			OMB Control No. 3060-1185	
			Page 6 of 8	
<010>	Study Area Code	618322		
<015>	Study Area Name	GCI Communi	cation Corp.	
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thato	cher	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643		
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@g	gci.com	
<200>	Date Authorized to Receive Support	03/13/2	2015	
<201>	Targeted Completion Date	03/14/2	2018	
<202>	Total Mobility Fund Support Awarded	4671108	3.00	
<203>	Total Mobility Fund Support Disbursed	1557036	6.00	
<210>	Actual Completion Date			
\210>	Actual Completion Date			
<211>	Project Status Description (attached)	618322	_PSD_AK.pdf	
	·,			
		{Name	of PDF attached}	
	Please check these boxes below to confirm that the attached PDF, on line			
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information			
	shall be submitted as appropriate.		3	
<212>	Status of Network Deployment - Network Design	✓		
<213>	Status of Network Deployment - Construction	✓		
<214>	Status of Network Deployment - Deployment	✓		
<215>	Status of Network Deployment - Maintenance	✓		
<216>	Project Budget Status	✓	_	
<217>	Project Plan Status	✓		

<218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

(101) Cer	tification - Reporting Carrier		FCC Form 690	
			Approved by OMB	
			OMB Control No. 3060-1185	
			Page 7 of 8	
<010>	Study Area Code	618322		
<015>	Study Area Name	GCI Communication Corp.		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher		
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.		

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Contact Email Address - Email Address of person identified in data line <030>

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

GCI Communication Corp.

Signature of Authorized Officer:

CERTIFIED ONLINE

Date 06/30/2015

Printed name of Authorized Officer:

Lynda Tarbath

Title or position of Authorized Officer:

VP/CAO

Telephone number of Authorized Officer:

9078685638 ext.

Study Area Code of Reporting Carrier: 618322

Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

06/11/2015 Page 7

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier sertify that (Name of Agent)				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form c	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
	as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data eported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:	ame of Reporting Carrier:				
lame of Authorized Agent or Employee of Agent:					
ignature of Authorized Agent or Employee of Agent: Date:					
rinted name of Authorized Agent or Employee of Agent:					
Title or position of Authorized Agent or Employee of Ag	itle or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of	f Agent:				
Study Area Code of Reporting Carrier:	tudy Area Code of Reporting Carrier: Filing Due Date for this form:				
Persons willfully making false statements on this for	rm can be punished by fine or forfeiture under the Communica 18 of the United States Code, 18 U.S.C. §	ations Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title § 1001.			

Attachments

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> Certify that **Total Road** Coverage and Resident Road Miles **Total Resident** Miles Performacne Resident **Population** Population **Road Miles** per Census covered per data is uploaded Reached by **Block Newly** Population per **Newly Reached** per Census **Census Block** (yes/no) by Service Reached Census Block Census Block Block State County Service North 021850001001030 Slope 0.0 Yes AK 0 0 3.36 0.0 Borough North 021850001001031 Slope 0.0 Ο 0 Yes AK 0.11 0.0 Borough North 021850001001035 Slope 0.0 0 0 ΑK 0.1 0.0 Borough North 021850001001051 0.0 Slope AK 0 1.53 Yes 0.0 021850001001052 Slope AK 32 0 0 0.18 0.0 Yes Borough 021850001001053 Slope 0.0 29 0 0 ΑK 0.18 0.0 Yes Borough 021850001001054 Slope AK 0 0 0.12 0.0 0.0 Yes Borough 021850001001057 Slope AK 0.28 0.0 Yes 0.0 North 021850001001058 Slope ΑK 58 0 0 0.6 0.0 0.0 Yes 021850001001059 Slope 15 0.98 ΑK 0 0 0.0 0.0 Yes Borough North 021850001001061 Slope 0 0 0.43 Yes AK 41 0.0 0.0 Borough North 021850001001063 Slope 0.18 Yes 48 0 0.0 ΑK 0 0.0 Borough North 021850001001064 Slope Borough 49 0 0.18 0.0 Yes ΑK 0.0 North 021850001001065 Slope Borough North Yes 58 0 0.18 0.0 AK Ω 0.0 021850001001066 Slope AK 118 0 0 0.21 0.0 Yes 0.0 Borough North 021850001001067 Slope Yes 136 0 Ο 0.21 0.0 ΔK 0.0 Borough North 021850001001068 Slope AK 24 0 0 0.22 0.0 Yes 0.0 Borough North 021850001001069 Slope 0 30 0 0.18 0.0 Yes ΑK 0.0 021850001001070 Slope Yes ΑK 53 0 0 0.2 0.0 0.0 Borough North 021850001001071 Slope Borough 55 0 0 0.0 Yes ΑK 0.2 0.0

> Percentage of Total Population Reached by Service

0			1
			l

0			

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> Certify that **Total Road** Coverage and Resident Road Miles **Total Resident** Miles Performacne Resident **Population** Population **Road Miles** per Census covered per data is uploaded **Block Newly** Population per **Newly Reached** Reached by per Census **Census Block** (yes/no) by Service Reached Census Block Census Block Block State County Service North 021850001001072 Slope 101 0.0 Yes AK 0 0 2.69 0.0 Borough North 021850001001073 Slope 0.0 35 Ο 0 Yes AK 0.21 0.0 Borough North 021850001001074 Slope 0.0 0 0 ΑK 0.24 0.0 Borough North 021850001001075 0.0 Slope AK 0 0.24 Yes 0.0 021850001001076 Slope AK 70 0 0 0.21 0.0 Yes Borough 021850001001077 Slope 0.0 53 0 0 ΑK 0.21 0.0 Yes Borough 021850001001078 Slope AK 0 0 0.24 0.0 0.0 Yes Borough 021850001001079 Slope AK 0.44 0.0 Yes 0.0 North 021850001001080 Slope AK 0 0 0.2 0.0 0.0 Yes 021850001001081 Slope 21 ΑK 0 0 0.15 0.0 0.0 Yes Borough North 021850001001082 Slope 0 0 0.2 Yes AK 65 0.0 0.0 Borough North 021850001001083 Slope 0.2 Yes 74 0 0.0 ΑK 0 0.0 Borough North 021850001001084 Slope Borough 48 0 0 2 0.0 Yes ΑK 0.0 North 021850001001085 Slope Borough North Yes 55 0 0.2 0.0 AK Ω 0.0 021850001001086 Slope AK 64 0 0 0.21 0.0 Yes 0.0 Borough North 021850001001087 Slope Yes 0 Ο 0.21 0.0 ΔK 0.0 Borough North 021850001001088 Slope AK 69 0 0 2.44 0.0 Yes 0.0 Borough North 021850001001101 Slope 0 49 0.0 0 0.25 Yes ΑK 0.0 021850001001102 Slope Yes ΑK 53 0 0 0.21 0.0 0.0 Borough North 021850001001103 Slope Borough 56 0 0 0.0 Yes ΑK 0.2 0.0

> Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service 0

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> Certify that **Total Road** Coverage and Resident Road Miles **Total Resident** Miles Performacne Resident **Population** Population **Road Miles** per Census covered per data is uploaded **Block Newly** Population per **Newly Reached** Reached by per Census **Census Block** (yes/no) by Service Reached Census Block Census Block Block State County Service North 021850001001104 Slope 0.0 Yes AK 0 0 0.27 0.0 Borough North 021850001001105 Slope 0.0 68 Ο 0 Yes AK 0.22 0.0 Borough North 021850001001106 Slope 0.0 0 0 ΑK 0.15 0.0 Borough North 021850001001107 0.0 Slope AK 0 0.21 Yes 0.0 021850001001108 Slope AK 79 0 0 0.21 0.0 Yes Borough 021850001001110 Slope 0.0 39 0 0 ΑK 2.23 0.0 Yes Borough 021850001001115 Slope AK 0 0 0.2 0.0 0.0 Yes Borough 021850001001116 Slope AK 0.2 0.0 Yes 0.0 North 021850001001117 Slope AK 0 0 0.2 0.0 0.0 Yes 021850001001118 Slope 40 0.21 ΑK 0 0 0.0 0.0 Yes Borough North 021850001001119 Slope 0 0 0.21 Yes AK 61 0.0 0.0 Borough North 021850001001120 Slope 0.21 Yes 35 0 0.0 ΑK 0 0.0 Borough North 021850001001121 Slope Borough 0 0 2 0.0 Yes ΑK 0.0 North 021850001001141 Slope Borough North Yes 62 0 0.17 0.0 AK Ω 0.0 021850001002002 Slope AK 57 0 0 0.42 0.0 Yes 0.0 Borough North 021850001002004 Slope Yes 0 Ο 4.78 0.0 ΔK 0.0 Borough North 021850001002005 Slope AK 23 0 0 0.14 0.0 Yes 0.0 Borough North 021850001002006 Slope 0 25 0.17 0 0.0 Yes ΑK 0.0 021850001002007 Slope Yes ΑK 60 0 0 0.18 0.0 0.0 Borough North 021850001002008 Slope Borough 49 0 0 0.0 Yes ΑK 0.25 0.0

> Percentage of Total Population Reached by Service

0

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> Certify that **Total Road** Coverage and Resident Road Miles **Total Resident** Miles Performacne Resident **Population** Population **Road Miles** per Census covered per data is uploaded Reached by **Block Newly** Population per **Newly Reached** per Census **Census Block** (yes/no) by Service Reached Census Block Census Block Block State County Service North 021850001002009 Slope 0.0 Yes AK 0 0 0.17 0.0 Borough North 021850001002010 Slope 0.0 23 Ο 0 Yes AK 0.13 0.0 Borough North 021850001002011 Slope 0.0 0 0 ΑK 0.11 0.0 Borough North 021850001002015 0.0 Slope AK 0 0 5.69 Yes 0.0 021850001002016 Slope AK 44 0 0 0.31 0.0 Yes Borough 021850001002017 Slope 0.0 53 0 0 ΑK 0.22 0.0 Yes Borough 021850001002018 Slope AK 0 0 0.3 0.0 0.0 Yes Borough 021850001002019 Slope AK 0.22 0.0 Yes 0.0 North 021850001002020 Slope ΑK 0 0 0.23 0.0 0.0 Yes 021850001002021 Slope 15 ΑK 0 0 0.32 0.0 0.0 Yes Borough North 021850001002022 Slope 0 0 0.19 Yes AK 59 0.0 0.0 Borough North 021850001002023 Slope 0.24 Yes 96 0 0.0 ΑK 0 0.0 Borough North 021850001002025 Slope Borough 0 0.39 0.0 Yes ΑK 0.0 North 021850001002026 Slope Borough North Yes 131 0 0.61 0.0 AK Ω 0.0 021850001002027 Slope AK 53 0 0 0.2 0.0 Yes 0.0 Borough North 021850001002030 Slope Yes 0 Ο 0.26 0.0 ΔK 0.0 Borough North 021850001002031 Slope AK 49 0 0 0.21 0.0 Yes 0.0 Borough North 021850001002034 Slope 0 93 0 0.22 0.0 Yes ΑK 0.0 021850001002035 Slope Yes ΑK 45 0 0 0.28 0.0 0.0 Borough North 021850001002036 Slope Borough 29 0 0 0.0 Yes ΑK 0.16 0.0

> Percentage of Total Population Reached by Service

0			

0			

060) Coverage and	Performance Report
-------------------	---------------------------

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<141> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and Resident Road Miles **Total Resident** Miles Performacne per Census Resident Population Population **Road Miles** covered per data is uploaded Reached by Population per **Newly Reached Block Newly** per Census Census Block (yes/no) Census Block Census Block by Service Block Reached State County Service North Slope 021850001002037 AK 0 0 0.0 Yes 0.33 0.0 Borough North 021850001002038 Slope Borough 24 0 0.0 Yes 0 AK 0.0 0.15

> Percentage of Total Population Reached by Service

0			

0			